CALIFORNIA HAZARDOUS WASTE MANIFEST State Department of Health Services

Comparation Comparation Must Composite	See reverse side for Instructions. Please type or print clearly. Press Hard.	HAZARDO	State Department of I OUS MATERIALS MA 44 P Street, Sacramer	NAGEMENT SEC	TION (Manifest 01	5 - 44785
The properties: ph	GENERATOR (Generator Must Complete)	(3) Designated	TSD Facility (Autho	orized to operate u	nder an 4 Alter		999000366
EPA NO. [C A D O 7 4 2 6 6 8 1 EPA NO. C A D O B O O 1 2 0 2 4 Address Section Address Secti	O Name ALUMINUM COMPANY OF AMERICA	Name OPI	ERATING INDUS	TRIES INC.	Name	MK COMPANY D	e Menno Kerdow
Address 5151 ALCOA AVE. 9008 588-6141 Address 900 N. POTRENG GRANDE DR. Address 9008 ASSA ASSA ASSA ASSA ASSA ASSA ASSA A	CARRITATION	1	CADO8	0 0 1 2 0	3 3 4	8-14-20-20	06 7 5 BU ESTOAD
City, State, Zip VERNON, CA 90058 City, State, Zip MONTEREY PARK, CA City, State, Zip CONTAINERS RUMBER; CONTAINERS RUMBER;	RIET ALCOA AVE EOO					2230 RZUSALA	5.2000 ALAMEDA
(a) U.S. BOT PROPER SHIPPING MAME MASTE ALLUM Jourge MANDE CLASS UNITY	VERNON, CA 90058		MONTEDEV B			e, Zip	De, Ol Compting Co
WASTE ALUMN ALUNG WASTE PROPERTIES: DATE ON STATE PROPERTIES: DATE OF A STULA CONTACT THE NATIONAL GO SPECIAL HANDLING INSTRUCTIONS: Gloves Googles Respirator Other Canada of the Separation of the Assura of the Separation of the Separ	(5) WA DOT BROWN SWEETING WANTE U.S.	DOT UN/NA	WEIGHT OR	UNITS			
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(a) WASTE CATEGORY (b) EX. HAZ. WASTE PERMIT NO. (c) GENERATING PROCESS ALUMINUM FABRICATION		7-7-	3,000	7-0	_ ATANK TR		JCK
LIST COMPONENTS: ONCE COMPER COM		``````		714 00		ALIMINIM FAD	DICATION
3	CONC.	RANGE		7.17 (8) c	ENERATING PROCESS	CONC.	RANGE
B.	9.			=			
C				F			
D. Start Down Non Hazardous Material DO Start Down Sensitive Sensitive Carcinogen/Mutagen Down Physical Starte Solid Liquid Notice Sturry Ges Other ALUMINUM OXIDES NATER Date	C		* *	G			• • • • • • • • • • • • • • • • • • • •
PHYSICAL STATE: Solid Liquid NStudge Sturry Gas Stother ALMINUM_OXIDES & MATER	D		- ·	Non Hazardous N	Material 100 %	,	
(2) SPECIAL HANDLING INSTRUCTIONS: Gloves Goggles Respirator Other GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA. IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802 IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802 IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802 IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802 IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802 IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802 IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802 IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802 IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE AND THE NATIONAL RESPONSE	10 WASTE PROPERTIES: pH 7	☐ Flammable					gen .
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TRANSPORTER IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802 TRANSPORTER (HAULER MUST COMPLETE) (13) ASBURY OIL CO. (15) PICK-UP DATE PAND. CADD 0 2 8 2 7 7 0 3 6 ADDRESS 13419 Halidale Avenue PHONE NO. (213) 321-1392 CITY, STATE, ZIP Gardena, California 90249 18) OUANTITY (If Measured) 18) OUANTITY (If Measured) 19) Signature of Authorized Algent and Title Date TIME 9: 10 T	12 SPECIAL HANDLING INSTRUCTIONS: Gloves	☐ Goggles [Respirator	Other			
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TRANSPORTER (HAULER MUST COMPLETE) (4) NAME ASBURY OIL CO. (5) PICK-UP DATE ASBURY DATE ASBURY DIL CO. (6) ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392 (17Y, STATE, ZIP Gardena, California 90249) (6) Authorized Abent and Title Date TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE) (7) NAME 18 QUANTITY (If Measured) 21 HANDLING OR DISPOSAL METHOD: EPA NO. A HOROLOGY OF RESERVED MANIFEST AND 19 STATE FEE (If Any) 19 STATE FEE (If Any) 19 Indicate Any Significant Discrepancies between Manifest And 17 Injection Well 11 Land Treatment (20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND 17 Treatment (Specify) 17 T			(13)		ung		10.3.83
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ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392 CITY, STATE, ZIP Gardena, California 90249 16 June City, State, ZIP Gardena, California 90249 17 NAME					•		. 1.41
ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392 CITY, STATE, ZIP Gardena, California 90249 16 June City, State, ZIP Gardena, California 90249 17 NAME		6				(15) PICK-UP DATE	10-3-03
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TO TORRICHOSTER